

Congresswoman Cheri Bustos
2401 4th Avenue
Rock Island, IL 61201

17th Congressional District
Rock Island District Office
(309) 786-3406

UNITED STATES SERVICE ACADEMY

Congressional Nomination Application



This application is for those who wish to enter an Academy in 2015.

If you have any questions at any point during this process please contact **Heidi Schultz** at Heidi.schultz@mail.house.gov or (309) 786-3406

Please Indicate your Academy preference (1 being your first choice and 4 being your last)

West Point ____ **Air Force Academy** ____ **Naval Academy** ____ **Merchant Marine** ____

Are you applying to the two U.S. Senators from Illinois? YES ____ **NO** ____

If you need assistance locating the Senators' offices, please contact Congresswoman Bustos' Office.

Personal Information

Full Name (First, middle, last): _____

Social Security Number: _____ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Home Telephone:** _____

Parents' names as you would have them listed in a news release: _____

Parents' Phone Numbers (Home & Work): _____

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High School/College Information

Name of High School:

High School Counselor's Name:

Counselor's Phone Number/Email:

Year of Graduation: _____ **Class Ranking:** _____ **of** _____ **H.S. GPA:**
_____ / _____

Highest ACT Scores: **English:** _____ **Reading:** _____ **Science Reasoning:** _____ **Math:**

Highest SAT Scores:

If you have already graduated high school, please list all of the colleges you have attended and their addresses:

Current College GPA: _____ / _____

Please note: You must contact the Academy(s) of your choice directly and apply. Their application process is in addition to the congressional nomination process. Please contact our office if you have any questions.

Medical Information:

Do you wear glasses or contacts? YES _____ **NO** _____

What is your range of vision (20/20, etc.): Left Eye _____ **Right Eye** _____

Do you have any medical conditions that may require special consideration by the Academy, or a medical waiver (asthma, an orthopedic injury, etc.)? If so, please explain:

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Athletic Participation:

Please list all sports with which you have been involved, the number of years you have participated, if you have letter in that sport, and if you have received any related honors:

(you may attach a separate sheet if additional writing space is required)

Extracurricular Activities:

Please list all memberships and leadership positions in clubs and organizations including ROTC and any community service or church-related activities. Include any honors you have received in relation to these activities:

(you may attach a separate sheet if additional writing space is required)

Employment:

Are you employed? YES _____ NO _____ If so, how many hours per week?

Employer: _____ Responsibilities:

If your employment is limiting your participation in sports and other activities, please explain:

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Please submit your complete application packet, *including the following attachments*, no later than **5:00 p.m. on Friday, November 7, 2014** to Congresswoman Bustos' Rock Island office:

- 1) **Current Photo**
- 2) **High School transcript**
- 3) **ACT and/or SAT exam scores**
- 4) **Minimum of three letters of recommendation**
- 5) **An essay stating why you want to attend a service academy (500 words or less)**

Please return *ALL* application materials to this address:

Congresswoman Cheri Bustos
Attn: Academy Nominations Committee
2401 4th Avenue
Rock Island, IL 61201